

AUTOMATIC PAYMENT AUTHORIZATION

for the purpose of having charges billed by
THE NATIONAL ASSOCIATION FOR THE SELF-EMPLOYED (NASE)

Collecting NASE dues, membership benefits, and premiums for the following company:

• PFL Life Insurance Company •

Insurance Center • P.O. Box 962010 • North Richland Hills, TX 76182-6010

As a convenience to me, I request and authorize the Company to obtain payment of amounts becoming due the Company by existing charges to my account in the form of checks, share drafts or electronic debit orders, and I request and authorize the financial institution named below to accept and honor the same and to charge the same to my account. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.00. This Authorization will remain in effect until I notify the Company in writing of the above address to terminate and the Company has a reasonable time to act on the termination. I hereby authorize any prior Authorization of the Company to initiate charges to the account effective the date on which the first charge is initiated by the Company under this Authorization. I understand that I may stop any charge by notifying the financial institution before my account is charged, and I may have the amount of the erroneous electronic debit entry credited to my account within 15 days after issuance of my statement or 45 days after posting, whichever occurs first.

Name of Bank Where Account is Authorized	
Southwest Bank	
Address of Bank	
City	State
Phoenix, AZ	Zip Code of Bank
Signature of Depositor	Date
Steve Johnson	7-9-96

APR 594 PFL

ATTACH AN UNSIGNED VOIDED CHECK

Policy No. (if agency account)	
Bank Transit Number	
Depositor's Account Number	
Draw	Other (Specify)
Monthly	Quarterly
Name of Insured (Please Print)	
Greg Johnson	

T1000035



INSTRUCTIONS FOR USAGE AND AUTHORIZATION

TO THE BANKS CARING ON THE REVERSE

So that you may comply with your depositor's request, this Company agrees:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed by this Company and received by you in the regular course of business for the purpose of payment under this plan, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently by you for any loss even though dishonor results in a forfeiture of insurance or other right.
3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of payment collection.

Authorized in a resolution adopted by the Board of Directors of

NATIONAL ASSOCIATION FOR THE SELF-EMPLOYED

Samuel L. Dayet
Samuel L. Dayet, President & Chief Executive Officer

FPL LIFE INSURANCE COMPANY

William L. Busler
William L. Busler, President

T1000036



DEPOSIT TICKET
TROY M. TILLERSON OR 01/94-387
SUE TINKEY
[REDACTED] 334-825-7317
DANVILLE, AL 36003

NOTE: THIS TICKET IS VALID FOR DEPOSIT ONLY. IT IS NOT VALID FOR CASH WITHDRAWAL. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-888-8888.

Southtrust
Bank

1:0620000801: [REDACTED] 3 848

CASH
\$1,000.00
4357
SUBTOTAL
LESS CASH
NET
DEPOSIT \$

T1000037

